

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 800 550

FILING DATE

03-07-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
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14		1				
15	1					
16		1				
17	1					
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19	1					
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31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37	1					
38		1				
39		1				
40		1				
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	31					
TOTAL CLAIMS	42					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS